



## TORRANCE

# Health Workers Protest After Patient Was Shot by a Deputy at Hospital

Dozens of protesters held signs that said "remove guns from hospitals," "policy change now" and "done with guns" outside the hospital. They marched in the area and chanted "no guns at Harbor."

By **City News Service** • Published October 13, 2020 • Updated on October 14, 2020 at 10:03 am



Health care workers protest police violence in hospitals at Harbor-UCLA Hospital in Torrance on Tuesday, Oct. 13, 2020.

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### MARS

# The Problem:

LASD in care settings have a negative effect on patient safety


LASD who are stationed at or come in and out of the safety net hospitals violate patient rights

It is not only about weapons; its about attitudes and behaviors that routinely undermine treatment and patient rights.

LASD negatively impact the use of hospitals by houseless people

# LASD in care settings have a negative effect on patient safety.

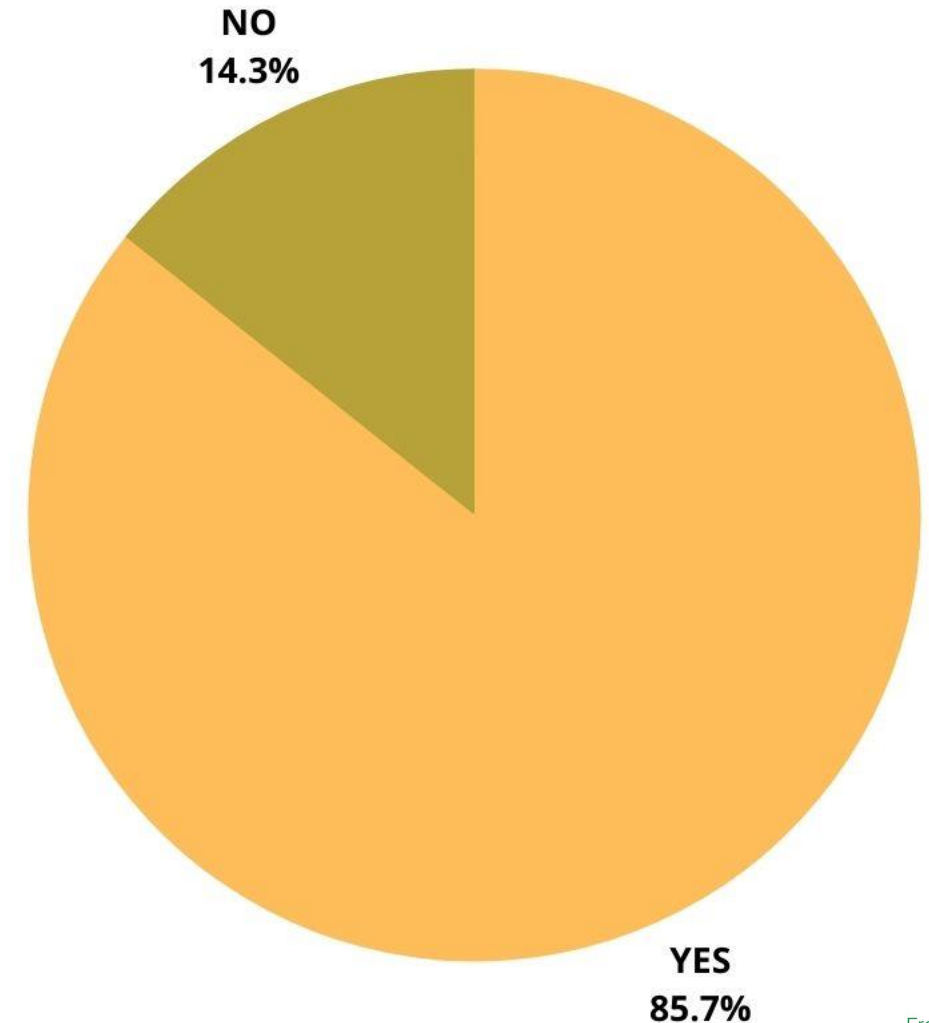
- Law enforcement officers have argued that the use of force is an appropriate response to a patient in a mental health crisis. -LA Times
- Data show that increasing the carriage of weapons does not decrease hospital violence (International Healthcare Security and Safety Foundation, 2014).
- In fact, 23% of emergency department shootings involve someone attempting to take a weapon from a security officer (Annals of Emergency Medicine, 2012).
- Studies show that verbal de-escalation can work far more successfully than physical coercion.
- In the busiest emergency departments in New York City the most dangerous weapon officers carry are plastic wrist restraints.
- Unpublished data from Harbor UCLA showed that the use of COLD teams in reduced law enforcement use of force in Harbor UCLA to zero.
  - 63% of incidents resulted in the use of physical restraints which they consider to be a “failure”.

A large, solid orange circle is positioned on the left side of the slide, partially cut off by the edge.

**It is not just about weapons; its about attitudes and behaviors that undermine treatment outcomes and violate patient rights.**

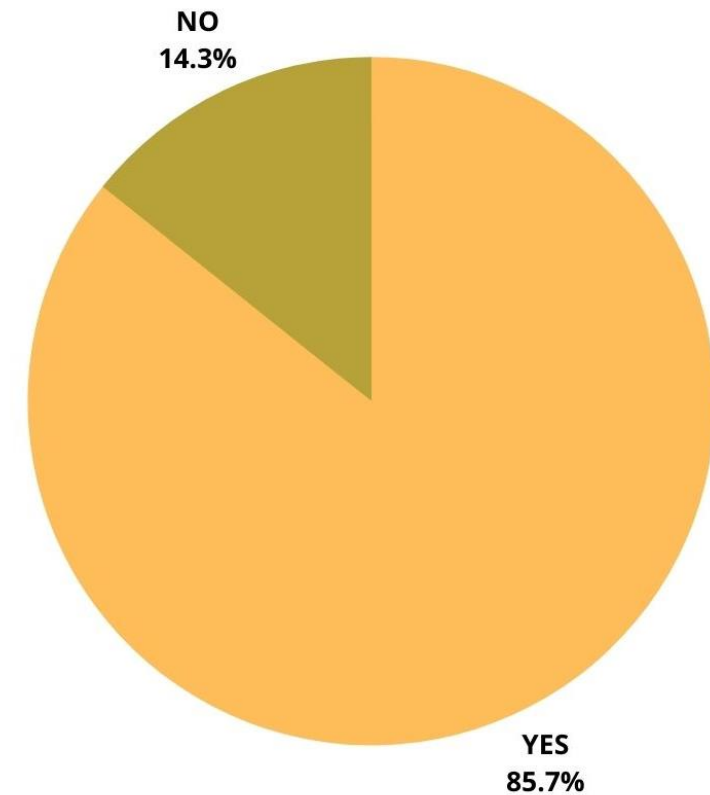
**It is not just about weapons; its about attitudes and behaviors that undermine treatment outcomes and violate patient rights.**

Have you had an experience where law enforcement presence or actions made it more challenging for you to care for a patient?



- LEP refuse to leave the treatment room during standard procedures such as patient examinations, medical intakes, assessment of wounds, or while documenting the patient's medical history.
- LEP ask clinicians to disclose protected information regarding their patients' medical care.
- LEP ask clinicians to disclose protected information about the condition of a patient.
- LEP pressure or intimidate clinicians to provide them with the results of exams including blood work that revealed patient alcohol levels or results of toxicology exams.
- LEP asks for patient information in front of or away from the patient without patient consent.
- LEP request that physicians change their medical record to include statements that the injuries found on patients after use of force were consistent with LEP account of the event

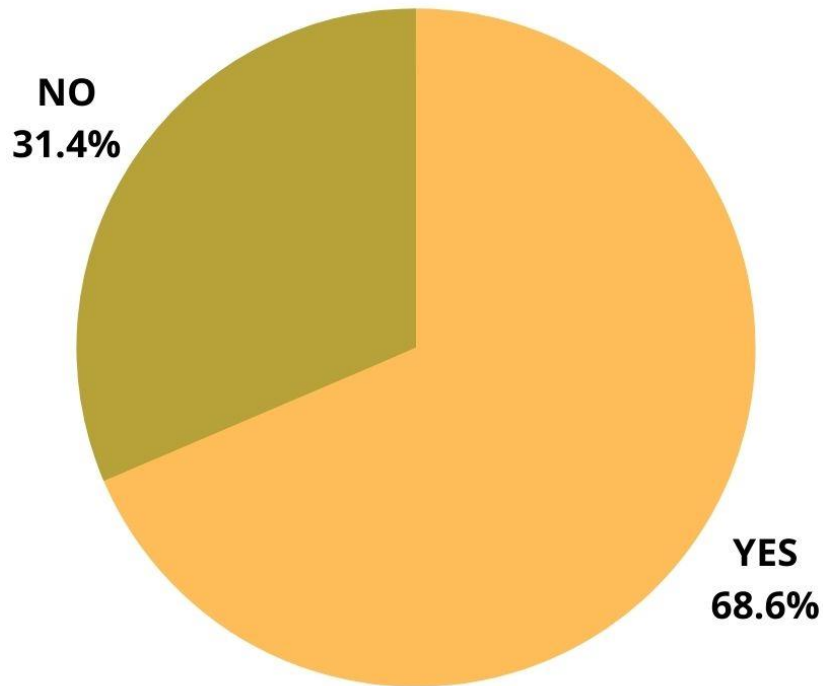
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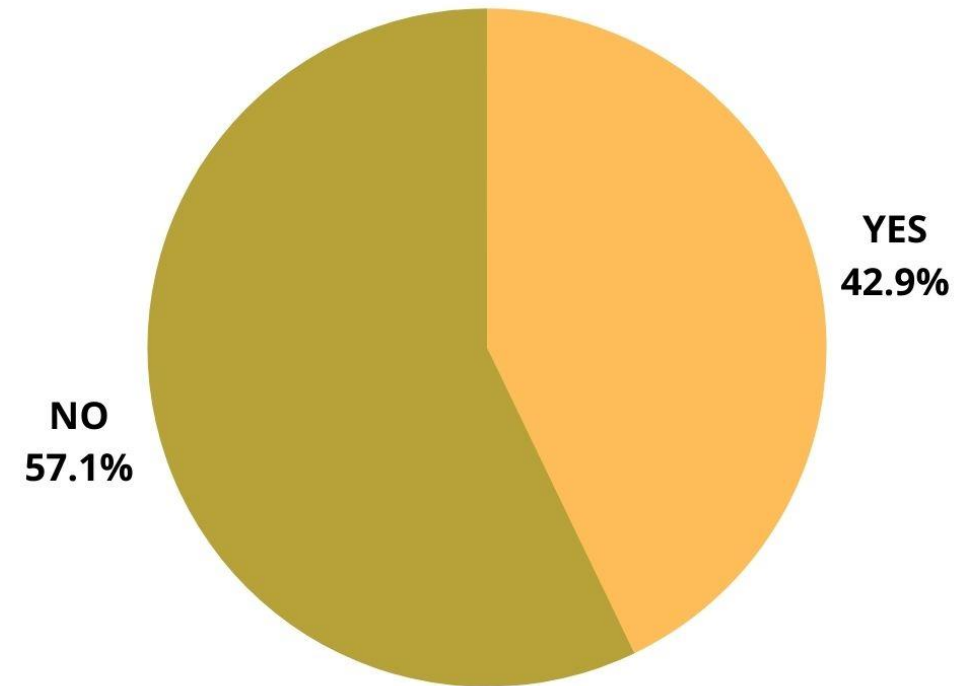


# The presence of Sheriffs, both stationed and transitory, in care setting undermines treatment.

Have you ever felt pressured to violate patient privacy because of law enforcement presence or actions?



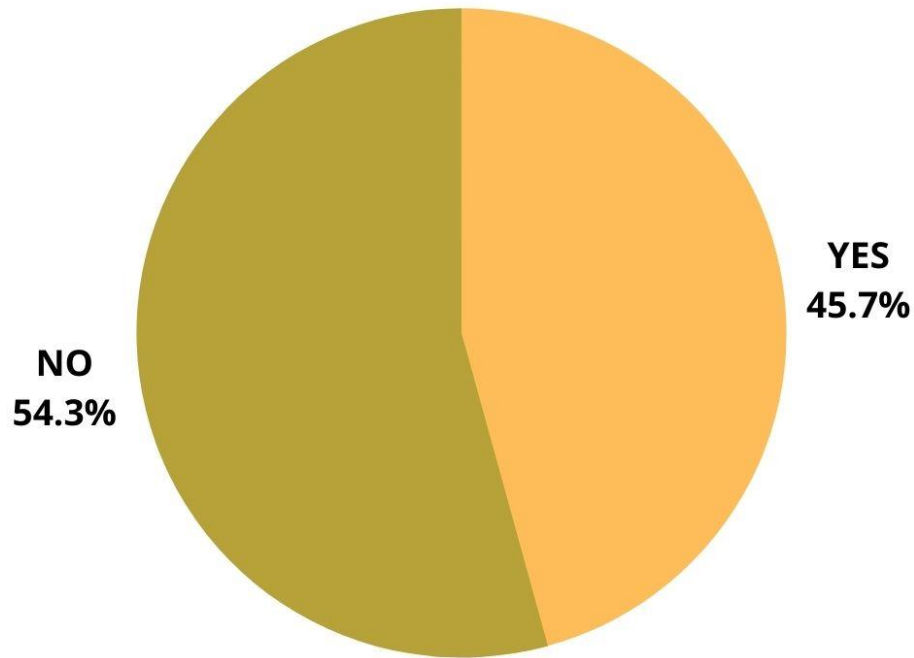
Have you had an experience where law enforcement attempted to influence your medical decision making in a manner that did not benefit your patient?





# LEP attempt to intimidate clinicians or undermine clinical authority to meet their own objectives.

Have you had an experience where you felt intimidated by law enforcement or that law enforcement were attempting to intimidate you?



Clinicians reported feeling intimidated by both LEP presence and as the result of LEP attitudes and actions.

*“When I refused to share patient information, they became visibly upset and irritated.”*

-Medical Doctor on LEP Intimidation

*“I’m a small female [and] have had them come too close, stand over me, and ask aggressively, question my medical decisions.”*

-Medical Doctor on LEP Intimidation

Law Enforcement are not a root cause solution to harm or unsafe conditions.

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## Clinicians reported that Sheriff presence in care setting have been insufficient or counterproductive to treatment interventions.

“this person's handcuffed to the bed and you're sitting there telling me oh I'm here for your safety. Like no you're not. We're nurses and we're here for the patient. We're not here for like the sheriff's or whoever else. We're here for the patient. We're supposed to be patient advocates, to get the patient to actually open up and trust us and tell us what's going on, you can't have the sheriffs hanging out, it's crazy”

***-Nurse on utility of sheriffs in the ER***

“A lot of times it scares them [patients]. I can see. And that's why I will actually try to maybe feel, try to convey to the patient that I'm their advocate, that I'm there for them. Because I know that it frightens them, they're afraid that law enforcement is going to do something to them...”

***- Nurse on the impact of Sheriff's on patient safety***



# What can the COC do?

# What can the COC do?

- Given the county's care first, jail last vision which aims to reduce the which all systems, including our care systems negatively impact incarceration rates in Black and Brown communities.
- Given that the current MOU is a relic a Baca era and grants LASD a dangerous amount of reach.
- Given that DHS already spends \$32 million on private security
  - many hospitals across our county do not have LASD personnel, including trauma centers that treat the same community as Harbor UCLA.
- Given that we have documented testimony of providers that confirm Sheriff's in our hospitals routinely violate patient privacy rights, 4th amendment protections, intimidate providers with the intention of influencing medical decision making, and that loss of life is a direct result of sheriff intervention.

# What can the COC do?

1. Adopt the position that LASD in our safety-net hospitals is unnecessary, poses significant risks to public safety.
2. Recommend that the county re-allocate the money spent on LASD substations in safety-net hospitals be reallocated towards strategies the clinicians agree are foundations for increased safety and in practice are more effective.
  - Decrease clinical response times.
  - Invest in addressing the social determinants of health.
  - Increase clinical staff.
  - More training for clinicians; specifically in verbal de-escalation.